

NAME: \_\_\_\_\_

## SUPPLEMENTAL FORM FOR WASTEWATER PLANT MAINTENANCE MECHANIC II

This information will be used together with your application to evaluate your experience.

Licensure: Do you have a valid driver's license? ☐ Yes (You must attach a copy) ☐ No

Indicate your ability to install, repair and overhaul a variety of wastewater pumping and treatment plant equipment according to the following codes:

- a = Performed on my own.
- b = Performed under close supervision.
- c = Received schooling only.
- d = No experience

	Equipment	Install	Repair	Overhaul
1	Electric motor-driven wastewater and sludge pumps			
2	Motors			
3	Airblowers			
4	Wastewater clarifiers			
5	Gasoline engines			
6	Diesel engines			
7	Gear reduction units			
8	Mechanical flow meters and gauges			
9	Sludge pulverizers			
10	Chlorinators			
11	Differential converters and chlorine scales			
12	Gasoline driven portable self-priming centrifugal pumps			
13	Other			
14	Other			

Indicate your ability to work with, repair and overhaul a variety of shop equipment according to the following codes:

- a = Performed on my own.
- b = Performed under close supervision.
- c = Received schooling only.
- d = No experience

	Equipment	Use	Repair	Overhaul
1	Drill press			
2	Metal cutting lathes			
3	Metal shapers			
4	Electric grinders			
5	Power saws			
6	Hydraulic presses			
7	Sheet metal brakes and benders			
8	Metal cutting shears			
9	Other			
10	Other			

(over)

Do you have experience in the repair of electrical wiring systems? [ ] Yes [ ] No

How did you gain this experience? (Include name of employer and dates of employment, and duties of position). \_\_\_\_\_

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Do you have experience in installing and repairing pipelines, valves and fittings for water, air, wastewater and sludge at a pumping unit? [ ] Yes [ ] No

How did you gain this experience? (Include name of employer and dates of employment, and duties of position). \_\_\_\_\_

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**Supervisory Experience:**

Have you had any experience in supervising maintenance mechanics or other workers? [ ] Yes [ ] No

If yes, specify below the number of people you supervised and their job titles (i.e. maintenance mechanic helper, journey worker mechanic, etc.), name of employer for whom you supervised, and dates of employment.

<b>Employer</b>	<b># of People You Supervised and Their Job Titles</b>	<b>Dates of Employment (from month/year to month/year)</b>

I hereby certify that all statements in this form are true and correct to the best of my knowledge, and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment in the County of Kauai civil service.

I authorize the employer, agent and/or contact person named herein to furnish verification of the statements made herein and/or employment information as requested by the Department of Personnel Services of the County of Kauai.

Date \_\_\_\_\_

Signature \_\_\_\_\_